

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/16/95 4944
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4							54			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
T TAL IND.							TOTAL IND.			
T TAL DEP.							TOTAL DEP.			
T TAL CLAIMS							T TAL CLAIMS			